



June 27, 2019

Dear Iowa Council on Human Services:

The [Coalition to Advance Mental Health in Iowa for Kids](#) (CAMHI4KIDS) represents nearly 70 organizations across the state of Iowa, advocating for the development of a children's behavioral health system that includes a multi-tiered system of: prevention, early identification, early intervention and community prevention; comprehensive crisis services; behavioral health treatment, and community-based flexible support services.

CAMHI4KIDS would like to commend the Governor and the legislature for taking the first step to address the patchwork of children's mental health services across the state with the passage of HF 690 which codifies the Children's Behavioral Health System, outlines the regional governance structure of the children's system, and begins to spell out services and eligibility. This was not an easy task, as decades of prior discussions and formal legislative workgroups worked to improve access to children's mental health services. Recognizing that this legislation is the first step, important work will need to be done in the coming months and years to build on this foundation and help the state build a children's mental health system. As much of this work will fall under the purview of the Department of Human Services, CAMHI4Kids would like to take this opportunity to share four components of an effective children's mental health system that should be taken into consideration as this important work moves forward.

#1 - The first years of a child's life represent a critical opportunity when the brain is at its most malleable and flexible offering opportunities to build strong foundations for cognitive, social, and emotional health. Children also begin to develop essential skills like executive functioning (the mental processes that enable us to plan, focus and juggle tasks) and self-regulation (how to control emotions and impulses). Genetics provide the brain's basic blueprint, but experiences shapes brain architecture and establishes the foundation for future learning, health, and behavior. Exposure to adverse experiences or trauma such as violence or parental substance abuse can damage brain architecture. Recognizing this critical window of opportunity, the Council should support recommendations for a children's mental health system that includes training providers on the social and emotional development of young children.

#2 Behavioral health services must be family-centered. Children must be treated and supported within the context of their families, homes, and communities. Children depend on parents and other adults for their care, education, and basic needs. In addition to providing for a child's basic needs, the family relationship and dynamics can directly impact the health of the child through a

combination of genetic, environmental, and social factors. “The role of the family is especially important in influencing children’s health—strong, supportive relationships with a caregiver are the foundation for a young child’s physical and mental well-being.”¹ In order to build a family-centered system, the Council should support recommendations for a system that provides care and services to children in the context of their family (e.g. crisis stabilization units should be able to physically accommodate the needs of not only the child but also provide the space for family members to be present while the child receives services and supports).

#3 A robust children’s mental health system must include varied and strategically-aligned funding sources to address Iowa’s current patchwork of children’s mental health services. Currently, there are different funding streams and different players at the table when it comes to children’s behavioral health. Key partners such as the education system, juvenile court system, and childcare services already play a critical role in financially supporting children’s mental health. There are more funding sources available for children’s services than the ones we have relied on in the past for adult services (Medicaid & property taxes). There are many lines of state investment (Department of Public Health, Education, Human Services, Management, Juvenile Justice, etc.), federal investment (SAMHSA, Maternal and Child Health, etc.) and private philanthropy (local and national foundations) providing funding for children’s mental health services. Together we can think broadly and creatively to effectively leverage current funding sources and identify additional opportunities to fully finance a children’s system. The Council should embrace financial recommendations which fund mental health services across the life span (birth to death) of all Iowans to avoid pitting services for children against services for adults.

#4 The role and impact of prevention is greater in a children’s system. While adult health care often focuses on health maintenance and the prevention of disease progress, the focus of services for children is habilitative (maximizing potential and independence). “While the overall costs of health care for children are small compared with the adult population, they are a critical investment that may result in substantial savings over the lifespan.”² “Many of the nation’s most pressing—and costly—health issues are rooted in childhood. Collectively called cognitive, affective, and behavioral health problems, these conditions include many prevalent and costly issues, such as substance use disorder and overdoses, obesity, autism spectrum disorders, and premature birth.”³ The Council should work with legislators and the Governor to ensure that the children’s system incorporates greater focus on primary prevention services (e.g. ensuring that children and families can access early intervention and community prevention services before the child has been diagnosed with a serious emotional disturbance).

¹ Brundage S, Shearer C. “Plan and Provider Opportunities to Move Towards Integrated Family Health Care” United Hospital Fund (2019) <https://bit.ly/2lbum09>

² http://www.nihcm.org/pdf/Attachment_B_-_APA_Article_FCMH.pdf

³ Brundage S, Shearer C. “Plan and Provider Opportunities to Move Towards Integrated Family Health Care” United Hospital Fund (2019) <https://bit.ly/2lbum09>

These four concepts help explain how children's mental health needs differ from those of adults, and as such, they should be taken into consideration as the state builds a mental health system for children. By incorporating these concepts into the children's mental health system and addressing the unique health and developmental needs of children, the state will be making an important investment in the future health and vitality of our communities and our state.

Thank you for your support and attention to these issues.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Erin Drinnin".

Erin Drinnin
Community Impact Officer, Health
United Way of Central Iowa

A handwritten signature in black ink, appearing to read "Kim Scorza".

Kim Scorza, MSW, LMSW
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